

MUNICIPALITY _____ COUNTY _____



MECHANICAL PERMIT APPLICATION
INSPECTIONS AS PER ACT 45 OF THE UCC

INSPECTIONS CALL 610-395-3827 EXT: 1

P.O. Box 423, Orefield, Pa. 18069

Fax 610-395-2231

TRACKING # _____ PERMIT # _____ DATE: _____

Use of Structure: _____

OWNER'S NAME: _____

PHONE NUMBER(s): _____

CONTRACTOR: _____

ADDRESS: _____

Street Number and Street Name

City

State

Zip

Phone #s Office: _____ Cell: _____ Fax: _____

Water Heater ☐

Steam Boiler ☐

Hot Water ☐

Furnace ☐

Hot Air Furnace ☐

Fireplace ☐

Air Handler ☐

Dryer ☐

Other Equipment: _____

Applicant Name: _____
Print and Sign